Mississauga Halton **LHIN**

Mississauga Halton LHIN

2010-2011 Annual Report

Integration in Action

Ontario
Local Health Integration Network

A Message from the Chair and CEO

The need for integration to improve health services and address the current challenges we all face has illuminated the interdependencies we all have in the Mississauga Halton LHIN. The Mississauga Halton LHIN has played a key role; improving quality and access to health care services and in planning and coordinating services that target the unique needs of the communities we serve. Our communities believe that we are important in making the health care system more patient-centred, evidence based, efficient and accessible.

This Annual Report highlights the successes and the challenges we have had over this past year. Progress is being made in all priority areas. Programs such as Supports for Daily Living and Home First are showing measurable success in reducing the number of Alternate Level of Care patients in the LHIN. We are spearheading integration opportunities to improve access to diabetes services, as well as increasing community-level mental health and addictions services. We are providing the right care at the right time in the right place for people in our communities. The LHIN manages over $1.25 billion in funding; only about one-third of one percent of our budget goes to LHIN operational services, providing excellent value.

By listening to our communities we are changing the culture of the local health care system. Organizations that were never in the same room before are connecting and collaborating on some of Mississauga Halton's most important health issues. Organizations from different sectors are coming together and working on improving the health of our communities from a social, civic, financial and physical standpoint. This level of intersectoral integration has never happened before and would not be possible without the LHINs.

Providing leadership in difficult economic times, improving health care access and quality, caring for our frail seniors and communities in a holistic way has been the core function of the LHIN. In addition, the way we work together as a collective community has been continually improving.

There is an increased awareness towards transparency; we are sharing knowledge and information to a greater degree than ever before. We are creating and collecting data that has never been available before and using that data to make informed, evidence-based decisions. In this manner we provide the public with a clear picture about where the system is working very well and where we are making things better.

As we embark on the second full year of the current Integrated Health Service Plan, we continue to face challenges and we expect the financial pressure that we all face to linger. However, the Mississauga Halton LHIN is encouraged by the collaborative spirit and shared commitment to health care and is prepared to continue to lead in the creation of a truly integrated health care system.

There is no denying that 2010-2011 was a challenging year and the Mississauga Halton LHIN has risen to the challenges and has encouraged unique opportunities for integration like no other time.

John Magill, Board Chair

Bill MacLeod, CEO

Introduction

2010-11 was a year of significant action for the Mississauga Halton LHIN. It was a year in which we were able to sharpen our focus on helping our providers deliver a better health care experience with better health care outcomes for residents of our LHIN. That focus is reflected in the title of this report: Integration in Action.

This past year was characterized by an ongoing commitment to improve integration through community engagement. The Mississauga Halton LHIN works with, monitors and funds 77 Health Service Providers (HSPs) that deliver services to more than one million people throughout our region. It is a responsibility in which we take great pride. We never forget that the people best able to set priorities for health care in any community are the people who deliver, and the people who receive, that care. Our responsibility, always, is to listen to them.

The Mission, Vision and Values are the commitment we make to our residents and they inform how we operate and what we do, every day.

Our Mission

To lead health system integration for our communities

Our Vision

A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

Our Values

Innovation: We explore and support imaginative initiatives and solutions
Integrity: Our actions and words reflect honesty, integrity and good judgment
Accountability: We will routinely evaluate our judgments and decisions
Partnership: We will work in partnership with our community, health service providers and the provincial government
Respect: We will actively listen and work together with dignity and consideration
Holistic Approach: Our work will reflect and recognize the connection between the body, mind and spirit

Population Profile

The Mississauga Halton LHIN has a skilled and committed community of health care providers delivering care to our residents in a variety of health care organizations. These include three hospital corporations with six sites, 34 community support services, 27 long-term care homes, 12 mental health and addictions services and one community care access centre. We all share a commitment to a better, more integrated health care system.

Our LHIN has a geographically small footprint, but it is the fifth largest in Ontario in terms of population. We serve the communities of Mississauga, Oakville, Milton, Halton Hills and South Etobicoke, and are home to 1,156,734 residents – 8.7 percent of Ontario's population. We are growing fast. Our population has grown approximately 23.5 percent since 2001, and it is expected that between 2010 and 2015, we will experience further growth of 10.4 percent, which translates into approximately 120,000 more residents. At the same time, the population of Ontario is growing at a rate of 6.1 percent, making the Mississauga Halton LHIN the second fastest growing region in the province.

Ours is a diverse community. We have a higher proportion of immigrants and visible minorities than the province as a whole. The predominant visible minority is South Asian, though there are significant Chinese, Black and Filipino populations as well. In 2006, approximately 41 percent of our residents listed, as their mother tongue, a language that was neither English nor French, which is significantly higher than the provincial average of 27 percent. The non-official language spoken most often in the Mississauga Halton LHIN is Polish.

Relative to the rest of Ontario, the Mississauga Halton LHIN has a small Francophone population. Our LHIN is home to 35,730 people whose mother tongue is French. More than half of the Francophones in the Mississauga Halton LHIN live in the City of Mississauga.

There are no First Nations reserves in the Mississauga Halton LHIN. Aboriginal people make up a very small portion of the total population at 0.4 percent. There are approximately 4,400 Aboriginal people living in the Mississauga Halton LHIN.

Our LHIN's diversity both enriches and strengthens our neighbourhoods, but it also contributes to inequities in health status which must be considered in any and all health care planning. It also creates a challenge when we are engaging residents to participate in health care decision making. The health status and needs of our residents differ across our boundaries. We know, for instance, that people with low incomes are more likely to report poorer health. The Mississauga Halton LHIN has fewer low-income families than the provincial average, but residents with lower incomes that live here are more likely to suffer from chronic diseases, such as diabetes and arthritis, than those with higher incomes. We know also that some immigrants and visible minorities, many aboriginal people, single-parent families and people with disabilities are all closer to the poverty line. As a result, they all have distinct health care needs.

Integrated Health Services Plan

The first major initiative for all Local Health Integration Networks was the creation of Integrated Health Service Plans (IHSPs) – three year strategic plans that map out priorities and action plans for creating accessible, coordinated and integrated local health systems that support the communities we serve.

The Mississauga Halton LHIN's Integrated Health Service Plan 2010-2013 was released in late 2009. It was based on extensive consultation with our community.

The IHSP not only describes our vision for health care in our communities, but also highlights the means by which we plan to pursue that vision in the years to come.

Our IHSP Priorities

Improving Access, quality and sustainability of the health system

Create LHIN-wide regional programs

Prevention and management of chronic conditions

Integrating mental health and addiction services

Enhancing seniors' health, wellness and quality of life

Strengthening primary health care

Engaging the Mississauga Halton LHIN Community

Community engagement helps ensure that health system decisions in the Mississauga Halton LHIN are informed by the experiences and stories of those who provide and receive care in the Mississauga Halton LHIN. Engagement, based on data and evidence is central to fostering a collaborative experience and increasing accountability that are essential for health system integration and transformation. The Mississauga Halton LHIN respects the unique roles of providers, consumers and community partners. The foundations for transformative change are these mutually respectful relationships.

In an effort to ensure greater transparency and accountability, all LHINs will be posting Annual Community Engagement Plans on their websites as new LHIN Community Engagement Guidelines are implemented across the province. These annual plans are designed to outline local LHIN community engagement initiatives for the coming year, describing how local stakeholders will be informed about upcoming community engagement activities and how they can provide input into the work of their local LHIN.

Since their inception, the LHINs have been working closely with communities and local health service providers to identify and plan for local health needs by implementing services and programs. Mississauga Halton residents and health service providers have been engaged in a variety of ways. They have helped to identify local needs and challenges, suggested solutions, and developed the priorities for our local health system. Consultations have been held on a variety of health system issues such as the health care needs of growing communities, multicultural communities, Francophone and Aboriginal communities.

Francophone Engagement

The Mississauga Halton LHIN has delivered on a considerable number of activities through the 2010-11 French Language Services Work plan. The Mississauga Halton LHIN has improved and strengthened Francophone engagement efforts.

In Mississauga Halton we are embracing the diverse nature of our LHIN. Well over a dozen community engagement events have been organized with le Centre de services de santé Peel et Halton (CSSPH), Notre Santé, Notre Priorité, and other community organizations in Peel and Halton. In collaboration with Central West LHIN and CSSPH, our LHIN hosted a Community Engagement Activity for identified HSPs of both LHINs to discuss services for Francophone community and raise awareness about their services and their FLS Implementation Plans. The Mississauga Halton LHIN along with our GTA LHIN neighbours have signed a Funding and Accountability Agreement with the French Language Health Planning Entity, an effort that will embed Francophone engagement into everything we do and ensure the active participation of the Francophone community in LHIN decision making.

Aboriginal Engagement

Over the past years, the Mississauga Halton LHIN has worked with neighbouring LHINs that border the City of Toronto to make services more accessibile to Aboriginal people across the GTA. This partnership resulted in a successful community forum on urban Aboriginal research and data collection, planning and service delivery. The Mississauga Halton LHIN has delivered on a considerable number of activities through the Aboriginal Work Plan.

The Mississauga Halton LHIN, along with the Central West LHIN has collaborated to engage Aboriginal communities in our areas to help inform the Health Needs Assessment Report. Representation from the Credit River Métis Council, the Peel Aboriginal Network, and the Métis Nation of Ontario assisted at the committee level and provided valuable information. The Mississauga Halton LHIN has actively engaged and participated in many events with our Aboriginal communities; funding, collaborating and encouraging inclusiveness.

Achievements in 2010-2011 - A Year of Action

2010-11 was a year in which the Mississauga Halton LHIN was able to move forward on a number of fronts, as we continue to lead health service integration in our communities while supporting execution of the second year of our IHSP 2010-2011.

IHSP Priority - *Improving Access, Quality and Sustainability of the Health System*

Emergency Room Wait Times

A goal of our current IHSP relating to the strategic priority of improving access, quality and sustainability of the health system is to reduce Emergency Room (ER) Wait Times and Alternate Level of Care (ALC) days.

While the average wait times in our ERs have been reduced dramatically, each day some patients visiting ERs wait longer than recommended to be treated or admitted into hospital. While there are many complex reasons for delays, one key reason why emergency departments get backed up is that the hospital beds needed by ER patients are occupied by ALC patients who are waiting to be transferred to a more appropriate place of care.

"The Emergency Department Wait Time strategy is the latest wait time initiative designed to improve access to care, and in my opinion most important", states Dr. Eric Letovsky, Emergency Department Lead, Mississauga Halton LHIN.

The Mississauga Halton LHIN's major ER wait times and ALC improvement strategies are Pay 4 Results and Aging at Home.

Mississauga Halton hospitals had over 300,000 emergency room visits in 2010/11. The Mississauga Halton LHIN and hospital partners have designed a strategy to reduce the wait for these patients needing emergency and urgent care. The strategy is already having a huge impact in the LHIN. We are seeing faster admission to inpatient beds when they are needed. In total 334,013 ER wait time hours have been eliminated in 2010/11.

Under the pressures from a rapidly growing population in the Mississauga Halton LHIN, the hospitals are committed to working with community partners to explore new and innovative ways to provide better and faster care to the residents of this LHIN. The Emergency Department Wait Time Initiative is a critical component of that strategy.

LHIN Spotlight: Pay 4 Results

ER Pay 4 Results provides financial incentives to hospitals in the Mississauga Halton LHIN to meet ER wait time targets. In 2010/11 the Ministry of Health and Long-Term Care has invested significantly in Halton Healthcare Services, The Credit Valley Hospital and Trillium Health Centre to reduce ER wait times.

The Mississauga Halton LHIN has observed improvements in the 2010/11 ER wait times as a result of the Pay for Results Program. Although there is still work to be done for admitted patients, the Mississauga Halton LHIN has surpassed the target in ER wait times for non-admitted patients. In fact, 85 percent of Mississauga Halton patients who are not admitted are seen in under the provincial wait time target. Through the efforts of Pay 4 Results action plans improvements have been seen in non-admitted ER wait times, despite an increase in total volume.

ER Wait Time Measure	2010/11 Performance	Result
Wait time for non-admitted complex patients	**6.70 hours**	**Shorter than Provincial Target (7.0 hours)**
Wait time for non-admitted minor uncomplicated patients	**3.72 hours**	**Shorter than Provincial Target (4.0 hours)**
Wait time for admitted patients	**35.87 hours**	**Longer than Provincial Target (28.4 hours)**

Alternate Level of Care

A patient is deemed ALC (Alternate Level of Care) when occupying a bed in a hospital, where the patient no longer requires the intensity of resources and services provided in that care setting. There are significant patient flow issues within our hospitals and the rest of the health care system that illustrate themselves when patients are waiting for a more appropriate care setting. In Ontario hospitals, high volumes of ALC patients and ALC days are impacting timely access for patients who need to be admitted into hospital beds from the ER. More importantly, long ALC stays in hospital have negative impacts on the patient's quality of life.

The percentage of ALC days has increased slightly in 2010/11 compared to 2009/10. The value of 9.73 percent is slightly above the provincial target of 8.30 percent.

At the forefront of LHIN activities has been a dedicated focus on ALC activities and improved ER wait times. Successful community investments has lead to more appropriate post-hospital discharge of ALC patients to home care and community programs.

Many of these investments made in ALC initiatives are contributing to more appropriate use of emergency departments by enhancing and increasing the capacity of community based services, much through the Aging at Home Strategy. We are dedicated to continuing to improve ALC rates; investments made have already delivered successful results in April to June 2011.

LHIN Spotlight: Long Stay ALC

The Mississauga Halton Community Care Access Centre (MH CCAC) is leading a review of long stay ALC patients (greater than 30 days) in collaboration hospitals, community and long-term care partners in order to understand better the profile of these patients, and potential barriers to access to the most appropriate level of care.

The MH CCAC and other community partners continue to be aggressive on the Home First approach as well as the utilization of our Enhanced In-Home Palliative Care initiative.

Enhancements to our Long-Term Care Nurse Practitioner program has contributed to better planning, reduction of admissions, and reduction of length of stay of long-term care patients, as well as contribute to a smooth transition and bridging of patients who are in hospital from Long-Term Care, or, who are being discharged to Long-Term Care.

Aging At Home

Aging at Home is a three-year strategy designed to expand seniors' access to care options at home and in the community and to create locally-driven solutions to enhance seniors' independence and health. The programs emphasized supporting high needs seniors by diverting them from avoidable ER visits where appropriate and supporting seniors as they transition to a level of care that better meets their needs.

We have been listening to our communities and our seniors have told us that they prefer to stay in their own homes with supports. The Mississauga Halton LHIN has invested in supporting seniors to live healthy, independent lives in their own homes. Thanks to programs like Supports for Daily Living (SDL) more seniors are receiving care in their own homes and communities.

IHSP Priority - *Creation of LHIN-Wide Regional Programs*

In order to improve quality and access to care, the LHIN is ensuring programs are consistent across the LHIN. The LHIN is working with HSP partners to develop regional program Centres of Excellence among hospitals and community agencies. Integration of programs and services between sectors will result in better outcomes and will provide more services in a more efficient manner.

The LHIN has developed regional programs in vascular surgery, thoracic surgery and neurosurgery. Implementation is also moving forward with specialized geriatric care, palliative care, diabetes and complex continuing care. Regional service delivery models are important in the community sectors, hospitals and long-term care homes.

LHIN Spotlight: Specialized Behavioural Support Unit (SBSU)

"Congratulations to Sheridan Villa on the opening of the Specialized Behavioural Unit!" said Mississauga South MPP Charles Sousa. "The unit is the first of its kind in Ontario and will provide residents struggling with dementia with the care they need and deserve. This is wonderful news for residents and their families and we are very fortunate that this important initiative is happening right here in our community."

Mississauga Halton LHIN has been able to provide funding to Sheridan Villa Long-Term Care Home to support Ontario's first Specialized Behavioral Support Unit in a Long-Term Care Home.

This unit provides a transitional unit for assessment, treatment and stabilization of the resident's challenging behaviours. This specialized 19 bed unit receives referrals from local hospitals other LTC Homes and the community to CCAC. The goal is to avert the use of the emergency departments, and to reduce the pressures being felt by hospitals as a result of the increasing number of ALC patients and the associated days. Movement of patients into this unit is beneficial for the caregivers as it helps to reduce caregiver burnout. The Mississauga Halton LHIN has been able to maximize and leverage existing community resources and place clients in a long term care home setting or the community through the transitional nature of the unit.

LHIN Spotlight: Regional Thoracic Oncology Program

The Mississauga Halton LHIN along with partners, Trillium Health Centre and The Credit Valley Hospital has successfully integrated several clinical projects to improve health outcomes for our region. The Regional Thoracic Oncology Program centralizes highly specialized surgeries at one location allowing the hospitals to make the best use of health care dollars and professional expertise within each hospital's surgical programs.

All malignant thoracic oncology surgeries in Mississauga will be performed at The Credit Valley Hospital. Physicians at Trillium Health Centre and The Credit Valley Hospital agree that centralizing surgeries with a specialized team of surgeons, radiologists, anesthetists and nurses creates a "critical mass" of expertise. Patient wait times will be reduced as the hospitals dedicate specific operating room time and personnel for this purpose.

"Centralizing specialized surgery at the Thoracic Oncology Program allows the hospitals to focus their expertise to create motivated, well educated surgical teams that provide high-quality patient care. Patients will benefit from a true multi-disciplinary approach that combines radiation, medical and surgical oncology, improving timely access to coordinated care. This ensures consistent oncology surgeries can be performed in the Mississauga Halton LHIN, providing residents with world-class care that is accessible in our community." Dr. Donald P. Jones, Credit Valley Hospital

LHIN Spotlight: Palliative Care Initiative

The Mississauga Halton Enhanced In-Home Palliative Care Program is a patient-focused model of care that aims at reducing hospitalizations, creates a LHIN-wide process for responding to palliative care needs and reduces unnecessary ER visits and ALC days for palliative patients.

This enhanced strategy includes physical, psychological, social and practical care all of which centres on the patient and the family. This program has been instrumental in building community supports in the Mississauga Halton LHIN and has better engaged primary care and family physicians as a part of the palliative care team.

Dr. Robert Sauls is the Medical Lead for Palliative Care at the Carlo Fidani Peel Regional Cancer Centre and Medical Director of the in-patient Palliative Care Unit at Credit Valley Hospital. "By providing enhanced home care services to people with palliative care needs, we are improving the quality of their lives in their own homes, supporting their families and preventing unnecessary visits and admissions to emergency departments and hospitals. This is a good example where improving the quality of care also improves the efficient use of our health care resources."

IHSP Priority - *Prevention and Management of Chronic Conditions*

Effective management of chronic disease can help to prevent the onset of other complications. This is important for Mississauga Halton residents and also for the health care system. As our population ages, there will be more people with chronic conditions such as diabetes, asthma, heart disease, arthritis and hypertension. This will place significant amounts of pressure on local resources. By better managing chronic conditions we can reduce hospital stays, health care costs, decrease mortalities and decrease hospital readmission rates in the Mississauga Halton LHIN.

LHIN Spotlight: Mobile Diabetes Team

Two healthcare partners, the Halton Diabetes Program of Halton Healthcare Services and the Diabetes Management Centre of Trillium Health Centre have collaborated to develop and implement a Mobile Diabetes Team (MDT) in the Mississauga Halton LHIN community to help fight against the increasing prevalence of diabetes. The Mobile Diabetes Team or MDT is comprised of individual teams of dietitians and nurse educators from both hospitals' diabetes programs. The MDTs travel and treat patients in primary care locations in the Mississauga Halton LHIN and provide these valuable services in the offices of the patients' family physicians.

Currently, there are six teams providing community based care to patients within the LHIN.

Teams provide multilingual services including those in support of the LHIN's South Asian communities; Urdu, Hindi, Punjabi and Tamil. Diabetes education is provided around a host of critical self care topics such as self blood sugar testing, dietary management, physical activity and oral medications. In addition to the benefit of high quality, accessible diabetes management education, the MDTs serve as consultants to the family physicians to assist in the building of capacity for best practices in diabetes management.

The hospitals' diabetes partnership team plans to expand the MDT to include additional physician practices in order to permit more members of our LHIN community to benefit from this valuable service.

"Clients have advised our Mobile Diabetes Team staff that the program is great and they find the location convenient because they already see their physician", notes Stacey Horodezny, Diabetes Management Centre at Trillium Health Centre. Ms. Horodezny adds, "Physicians have also expressed praise for the program."

LHIN Spotlight: Chronic Disease Self Management Program

Mississauga Halton's Chronic Disease Self Management Program is an opportunity for residents to learn more about managing chronic illnesses and begin to think in a more positive manner, as well as learning coping skills. Each program is offered at no charge to participants and community partnerships are encouraged with programs being offered in nontraditional, accessible health care settings, such as Family Health Teams,

YMCA, Churches and Seniors' Centres. These programs allow residents of the Mississauga Halton LHIN to manage their illness, and thereby reduce emergency room visits.

"The value in this program is that people with chronic conditions can work together and start to understand that they are not alone, but share similar symptoms and have valuable solutions to common problems", adds Megan Suddergaard, Manager of Health Promotion at Halton Healthcare Services.

IHSP Priority - *Integrating Mental Health and Addictions Services*

Mental illness and substance abuse have a significant impact on Ontarians; it reduces quality of life, impacts overall health, relationships, finances and self-confidence. In the Mississauga Halton LHIN, the need for mental health and addictions services is on the rise. We know there are an increasing number of people with mental health and addictions issues returning to our hospital emergency departments frequently.

Addressing service gaps in the community can reduce the number of avoidable ER visits. Mississauga Halton LHIN is committed to improve access to services and improve the quality of care throughout the LHIN.

LHIN Spotlight: The Community Concurrent Disorders Program

"The Community Concurrent Disorders Program is a mental health and addictions demonstration of how co-coordinating the services available in our community can make a difference to those that need it most. It is a true example of collaboration making a difference to the people in our Mississauga Halton community." Radhika Subramanyan, Canadian Mental Health Association (CMHA) Halton Region.

The Community Concurrent Disorders Program (CCDP) was implemented with a focus on the execution plan for a multi agency referral, communication, and recruitment process. This innovative program with the collaboration of community mental health and addiction agencies (5 agencies) is being used to support a seamless approach to clients with concurrent Mental Health and Addictions issues presenting in the ER. The program includes crisis support, withdrawal management, transitional and ongoing case management.

The CCDP provides enhanced integrated community services for people dealing with substance abuse and who may also be experiencing mental health issues. The CCDP, funded by the Mississauga Halton LHIN, is led by the CMHA in a partnership which includes Trillium Health Centre, St. Elizabeth Healthcare, Halton Alcohol, Drug and Gambling Assessment Prevention and Treatment and Peel Addiction Assessment and Referral Centre.

LHIN Spotlight: Geriatric Mental Health Outreach (GMHO)

This is an expansion of existing geriatric mental health outreach services across the Mississauga Halton LHIN and creation of targeted partnerships to strengthen the health and social service continuum responsible for supporting seniors and families affected by serious mental illness and behavioural difficulties residing in the community or long-term care homes settings.

This program is engaged in supporting seniors with mental health issues and reducing the need for hospitalization or LTC placement. The GMHO program is collaborating with partners in the Mental

Health and Addictions Concurrent Disorder program and the Specialized Behavioural Support Unit at Sheridan Villa Long-Term Care Home to better support people in the community.

This program supports high needs seniors with behavioural issues related to dementia and provides specialized care plans developed by a highly skilled, specially trained team of health care professionals. The transitional nature of the unit assists with the flow of long stay ALC patients who might otherwise have a long stay in hospital.

LHIN Spotlight: Mississauga Halton LHIN's Hope Place Women's Treatment Centre

The Hope Place Women's Treatment Centre is a therapeutic rural setting where women can heal from the effects of alcohol and drug addiction. The program, funded by the Mississauga Halton LHIN, includes a comprehensive holistic addiction treatment that incorporates the 12-Step philosophy and is open to women 18 years of age or older.

An 'after care' program providing support while sharing personal relapse and prevention strategies, is also available for up to 2 years. It is essential that these services be provided in a manner that validates the woman's experience and empowers her to undertake her own healing process. Accessibility to these services is crucial to the healing and rebuilding processes.

"My life has turned around", praises a client of Hope Place. This gender specific 24hr/day addiction treatment program addresses the physical, mental, emotional, social and spiritual aspects of addiction.

IHSP Priority - *Enhancing Seniors' Health, Wellness and Quality of Life*

Over the past years, the Mississauga Halton LHIN has invested significantly in expanding community support services to seniors. These services help seniors to live at home for as long as possible and improve their quality of life. This has created efficiencies in the health care system and has fostered many collaborations, it has also reduced ER wait times and the number of ALC days in the LHIN.

The LHIN has focused on expanding community living options for seniors with a wide range of community support services enabling our seniors to continue to lead healthy and independent lives in their own homes.

Several high-profile and nationally recognized programs have been pioneered at the Mississauga Halton LHIN. These programs have improved the quality of life for those living with complex needs, including enhanced palliative care, 24-7 supports in daily living, a focus on Home First and enhanced care in the home. Our Supports for Daily Living has helped nearly 500 high needs seniors in their homes and hence avoid placement in long-term care homes. This has resulted in over $9 million in savings over the past two years and continues to improve. The enhanced palliative care has reduced total hospital stays by 1,600 days and an estimated $ 4.6 million in cost of hospital days saved which enabled more acute care to be provided for those who needed it.

The Mississauga Halton LHIN has achieved success in supporting high risk seniors by improving access and coordination of services. The LHIN has transformed community capacity and implemented specialized geriatric service, a broad range of services for seniors has been developed and efforts are being made to further expand successful services in priority areas such as palliative care, enhanced respite and after-hospital care.

LHIN Spotlight: Home First

Home First was first introduced in Ontario by the Mississauga Halton LHIN to address significant patient flow issues within hospitals that were resulting in increased numbers of patients designated as ALC. This year the 14 LHINs and the Ministry have agreed to make Home First the top priority for all LHINs, based primarily on the success seen in Mississauga Halton.

Mississauga Halton LHIN's pioneering work in this area meant that key individuals from our LHIN including Narendra Shah COO of Mississauga Halton LHIN, Caroline Brereton, ED of MH CCAC and Dale Clement, COO of the Oakville site of HHS were the important members of the task group who were substantively involved in the development of this implementation guide which features our LHINs performance successes as evidence that it can be done province-wide.

Home First is predicated on leveraging the resources in community care services; creating operational processes to enable access to community care services; and promoting a shift in culture to committing to care options outside of hospital.

Like many hospitals, those in the Mississauga Halton Local Health Integration Network have used inter-professional collaboration to maximize system processes. Process improvements previously occurring in silos have started crossing hospital programs and systems within and beyond the hospital. The challenge is that few healthcare organizations consider, never mind implement, process improvements that traverse the LHIN. This article discusses an innovation with a unique feature: concentration not only on inter-professional collaboration but on inter-organizational collaboration by professionals and providers throughout the LHIN. The Home First approach exemplifies what is possible when culture is adapted to necessitate and enable intra- and inter-organizational collaboration and partnerships based on trust and respect. This approach has been spread and sustained successfully across the LHIN, with alternative level of care patients being reduced by 50% or greater. *Healthcare Quarterly, 14(1) 2011: 70-76*

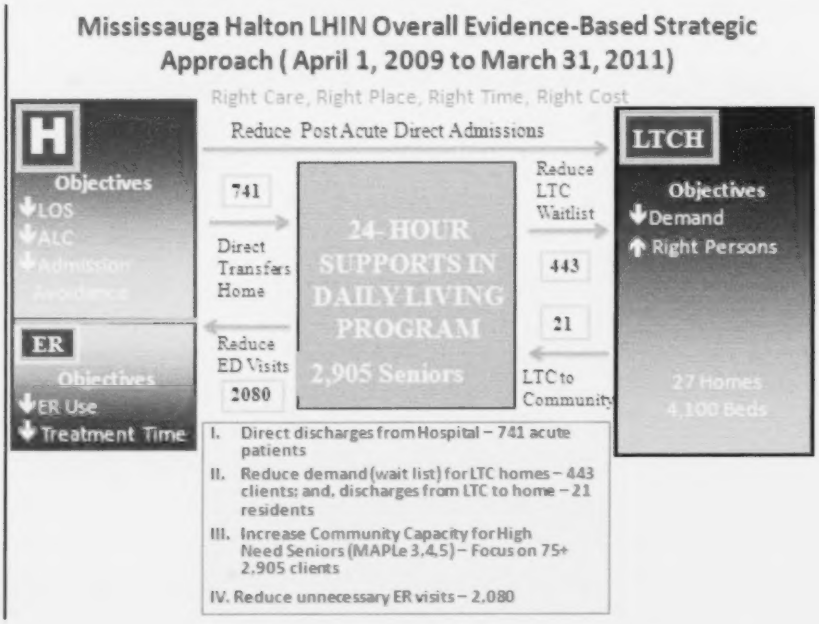
LHIN Spotlight: Supports for Daily Living

Mississauga Halton LHIN's Supports for Daily Living (SDL) program empowers seniors; providing the supports they need to remain safely and with dignity in their own homes.

A 24/7 supportive care model for high needs seniors was the first Home First approach initiated in Year I of Aging at Home and has since expanded through year II and III. SDL provides high needs seniors with services in their own home through 24/7 access to supports with onsite personal support workers and mobile patrol. Services include personal care, homemaking and attendant care in order to assist with the essential activities of daily living.

It was the first approach that was used with success to improve the timely flow of patients from the hospital into the least intensive environment in the community as an alternative to remaining in hospital or LTC placement. Referrals were received from hospital which contributes to a continued reduction in ALC patients waiting in hospital, a reduction in the number of patients identified for LTC in hospital, and a reduction in the number of patients placed on the LTC waitlist.

Adela's Mother's Story: Adela's mother who is unable to walk due to a problem with her spine is receiving three visits each day through the Supports for Daily Living Program and can gain access to that care even after hours if needed. The visits mean she no longer has to spend the entire day in bed, waiting for her daughter to come home from work and staff from Supports for Daily Living are there to help her maintain safe, independent living in familiar surroundings.


Mississauga Halton LHIN Overall Evidence-Based Strategic Approach (April 1, 2009 to March 31, 2011)
Right Care, Right Place, Right Time, Right Cost
H
Objectives
LOS
ALC
ER
Objectives
ER Use
Treatment Time
Reduce Post Acute Direct Admissions
741
Direct Transfers Home
Reduce ED Visits
2080
24-HOUR SUPPORTS IN DAILY LIVING PROGRAM
2,905 Seniors
Reduce LTC Waitlist
443
21
LTC to Community
LTCH
Objectives
Demand
Right Persons
27 Homes
4,100 Beds
I. Direct discharges from Hospital – 741 acute patients
II. Reduce demand (wait list) for LTC homes – 443 clients; and, discharges from LTC to home – 21 residents
III. Increase Community Capacity for High Need Seniors (MAPLe 3,4,5) – Focus on 75+ 2,905 clients
IV. Reduce unnecessary ER visits – 2,080

IHSP Priority - *Strengthening Primary Health Care*

When residents in the Mississauga Halton LHIN need health care they often turn to primary care services. Visits to family doctors, consultations with nurse practitioners, telehealth calls to help lines and advice received from pharmacists are just some examples of primary health care services. Primary care is key to maintaining and improving our health and to the quality and sustainability of the local health care system.

Reducing wait times with a special focus on emergency room departments and quality family health care for all is a shared priority. It is important that residents of the Mississauga Halton LHIN have access to primary health care around the clock which should help to relieve pressure on hospital emergency rooms.

The Mississauga Halton LHIN is working with our primary care providers to address system transformation and integration.

LHIN Spotlight: Primary Care Engagement Toolkit

The Mississauga Halton LHIN is strengthening relationships with physicians. By enhancing collaboration with a Primary Care Engagement Resource Guide, we have taken a positive step towards ensuring high quality care.

The Primary Care Physician Engagement Resource Guide & Toolkit provides a foundation for physician engagement efforts and a framework to guide future engagement activities. The document provides LHINs with a range of preferred engagement techniques that can be used to strengthen physician relations, communication and partnerships.

Creating an Integrated Health Care System

The LHINs' legislation, the Local Health System Integration Act provides the LHINs with tools to foster integration of health services. Integration means that service providers work in collaboration with one another so they can provide better care. It is a key means of improving accessibility and quality for consumers and achieving better value for investments.

A unique feature of the LHINs is their ability to enable organizations, health professionals and consumers to work together in real situations to solve problems and improve local health care services. The Mississauga Halton LHIN views integration as a powerful means to create a better coordinated, well functioning health care system for providers and, importantly the residents of the Mississauga Halton LHIN.

Voluntary Integrations	
Thoracic Cancer	Specialized thoracic oncology surgery, partnering with other cancer programs. Increasing capacity for these services; improve quality of care and outcomes for cancer patients.
Neurosurgery	Regional coordination of emergency neurosurgery response/on calls, to improve emergency access to these services across the LHIN.
Regional Renal Program	Coordination of services and enhance partnerships between, enhance quality, align with Ontario Renal Network strategy and explore local integration.
Peritoneal Dialysis in LTC Homes	Coordination of services and partnerships, increase access to dialysis for patients admitted to LTC Homes.
Regional Credentialing	Partnering among hospitals by having shared physician credentialing.
Funded Integrations	
Specialized Geriatric Services	Enhancement of Specialized Geriatric Services for frail seniors with complex healthcare needs.
Regional PPCI	Integration through coordination with hospitals and EMS. Allows direct EMS access to specific clinical indications.
Vascular Surgery Services	Tertiary level vascular services and distributing other procedures across hospitals, increasing capacity and volumes.
Chronic Disease Prevention & Management	Enhanced coordination and partnerships among hospitals, diabetes programs and primary care, improved access to quality timely diabetes care.
Restore LTC	Facilitated entry into a 26 bed specialty unit for seniors needing reactivation following an acute episode in hospital.
Sheridan Villa Behavioural Unit	Coordination of services, interactions and medical supervision to provide transitional assessment and treatment to people with responsive behaviors associated with progressive dementia.
Concurrent Disorders Initiative	Partnership with hospitals and community agencies to enhance urgent and crisis referrals from hospital ERs and community for people with Mental Health & Addictions.
Enhanced Community-Based Palliative Care	Regional model for palliative care services to enhance the quality of care and improve access to community based services for end of life care.
Supports for Daily Living	Eight supportive housing agencies; centralized access, increased and standardized services, integrated quality standards for service provision, mobile service delivery.
Psycho Geriatric Outreach Program	Common approach and best practices for specialized senior's mental health outreach services.

Performance Indicators

The Ministry/LHIN Accountability Agreement (MLAA) sets out the obligations of the Ministry of Health and Long-Term Care (MOHLTC) and the Mississauga Halton LHIN to fulfill its mandate to plan, integrate and fund local health care services

Performance management is a key component to a changing health care system and a focus on performance improvement opportunities will guide system partners in aligning local health care needs to health system goals.

The Mississauga Halton LHIN has been successful in maintaining and improving on eight of the eleven provincial performance targets, as well as the LHIN specific targets. Work continues to improve the wait times for cancer surgery and improve timely access to the MRI diagnostic services.

Through the LHIN's Aging at Home investments to enhance community support services for seniors and reduce the need to rely on LTC placement, we expect to see the median wait time for Long-Term Care placement to decrease over time.

Performance Indicator	LHIN 10/11 Starting Point	LHIN 10/11 Performance Target	Most Recent Quarter 2010/11 LHIN Performance	Percent from Target for Most Recent Quarter Result*	FY 2010/11 LHIN Annual Result
90th Percentile Wait Times for Cancer Surgery	60	60	63	5.0%	57
90th Percentile Wait Times for Cardiac By-Pass Procedures	37	37	35	-5.4%	34
90th Percentile Wait Times for Cataract Surgery	96	96	177	84.4%	155
90th Percentile Wait Times for Hip Replacement	138	138	141	2.2%	144
90th Percentile Wait Times for Knee Replacement	159	159	164	3.1%	156
90th Percentile Wait Times for Diagnostic MRI Scan	121	121	141	16.5%	143
90th Percentile Wait Times for Diagnostic CT Scan	38	35	38	8.6%	27
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***	9.21%	8.30%	9.29%	11.9%	9.73%
90th Percentile ER Length of Stay for Admitted Patients	38.60	28.40	42.37	49.2%	35.87
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	7.20	7.00	6.82	-2.6%	6.70
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	4.10	4.00	3.70	-7.5%	3.72
Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions**	14.90%	12.60%	13.80%	9.5%	14.30%
Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions**	20.40%	17.40%	20.06%	15.3%	19.59%
Readmission within 30 Days for Selected CMGs**	13.10%	13.10%	13.97%	6.7%	13.64%

* A negative percentage means the LHIN has met its target
** FY 2010/11 is based on only 2 quarters of data (Q1-Q2 2010/11) due to availability
*** FY 2010/11 is based on only 3 quarters of data (Q1-Q3 2010/11) due to availability

LHIN Operational Performance

The Mississauga Halton LHIN allocated $1,249,033,864 to its Health Service Providers over this past year, making significant investments in Aging at Home, emergency wait time and alternate level of care initiatives. We continue to be actively engaged in the funding and performance management of 77 Health Service Providers.

Whenever possible, we also work to actively engage our community in activities that lead to informed decision making with regard to the funding of programs and services with our LHIN.

The Mississauga Halton LHIN's total Operating budget was $5,997,293 of which $4,332,293 was for LHIN Operations; $1,665,000 for projects including eHealth, French Language Services, ED/ALC and others. Our work is managed by a dedication to Performance Improvement and Integration, Health System Development, Finance & Risk Management and Information & Project Management.

Throughout the year, we maintained a lean but energetic team of approximately 30 employees who actively facilitated collaboration amongst Health Services Providers to help move the Mississauga Halton LHIN's initiatives forward. LHINs spend a very small amount of administration and far less than average organizations in the public and private sector. Our LHIN manages over $1.25 B in funding. Only 0.35% of our budget goes toward LHIN administration.

Our work continues to be supported by the extended efforts of volunteer teams consisting of representatives from funded Health Service Providers. Throughout the year we make every effort to support our staff in leading health system change initiatives and are proud to promote a learning environment that focuses on continuous learning and professional development.

Health Service Providers Funded by the Mississauga Halton LHIN

Sector	Name of Health Service Provider
Community Support Services	Acclaim Health and Community Care Services Alzheimer Society of Peel BALANCE - Blind Adults Learning About Normal Community Environment Canadian Hearing Society (The) Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel) Canadian Red Cross - Peel Branch City of Mississauga - Next Step to Active Living Program Corporation of the Town of Halton Hills (The) Dixie Bloor Neighborhood Drop-In Centre Dorothy Ley Hospice Inc. Forum Italia Community Services - MICBA Halton Health Care Corporation - Supportive Housing Hospice of Peel Inc. India Rainbow Community Services of Peel Islington Centre - Etobicoke Senior Citizens Ivan Franko Home Joyce Scott Non-Profit Homes Inc. Links2Care Milton Meals on Wheels Nucleus Independent Housing Oakville Kiwanis Meals on Wheels Oakville Senior Citizens Residence Ontario March of Dimes - Peel Peel Cheshire Homes Inc. (Streetsville) Peel Halton Acquired Brain Injury Services Peel Senior Link Regional Municipality of Halton - Supportive Housing S.E.N.A.C.A. Seniors Day Program Seniors Life Enhancement Centres Trillium Health Centre – CSS Victorian Order of Nurses - Peel Branch Wawel Villa Incorporated Wesburn Manor - Toronto Long-Term Care Homes and Services Yee Hong Centre for Geriatric Care

Sector	Name of Health Service Provider
Long-Term Care Homes	Allendale - The Regional Municipality of Halton Bennett Health Care Centre Cawthra Gardens Long-Term Care Community Dom Lipa Nursing Home (Slovenian Linden Foundation) Erin Mills Lodge Nursing Home (Devonshire Erin Mills Inc.) Extendicare - Halton Hills Extendicare - Mississauga Highbourne Lifecare Centre - The Royal Crest Lifecare Group Inc. Labdara Lithuanian Nursing Home Leisureworld Caregiving Centre - Mississauga Leisureworld Caregiving Centre - Streetsville Mississauga Lifecare Centre - The Royal Crest Lifecare Group Inc. Mississauga Long-Term Care Facility Northridge Long-Term Care Facility Post Inn Village - The Regional Municipality of Halton Sheridan Villa (Regional Municipality of Peel) Specialty Care Mississauga Road Tyndall Nursing Home Villa Forum Nursing Home - MICBA Village of Erin Meadows - Oakwood Retirement Waterford (The) Regency Care Wenleigh (The) Wesburn Manor - Toronto Long-Term Care Homes and Services West Oak Village Long-Term Care Facility Westbury (The) Wyndham Manor - Halton Health Care LTC Inc. Yee Hong Centre for Geriatric Care

Sector	Name of Health Service Provider
Mental Health & Addictions	Canadian Mental Health Association - Halton Branch Credit Valley - Community Mental Health Grace House Group Home Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT) Halton Health Care Services Corporation - Community Mental Health Halton Recovery House & Hope Place Women's Treatment Centre North Halton Mental Health Clinic Summit House Support & Housing - Halton Supported Training and Rehabilitation in Diverse Environments (STRIDE) The Peel Addiction Assessment and Referral Centre Trillium Health Centre - Community Mental Health
Hospitals	The Credit Valley Hospital Halton Healthcare Services Corporation Trillium Health Centre
Community Care Access Centre	Mississauga Halton Community Care Access Centre

Our Board

Board of Directors

The role of the Mississauga Halton LHIN's Board Directors is to provide independent and objective oversight to the planning, funding, and performance management of health care within the Mississauga Halton LHIN. As a member of a diverse team, Board members are responsible for providing oversight in setting the goals, objectives, and strategic directions for the LHIN within its mandate as defined by the LHIN's Legislation and Regulations plus its approved Memorandum of Understanding and Ministry/LHIN Accountability Agreement. Collectively, members of the Board oversee the direction and performance of the LHIN and as individuals are accountable to the Board as a whole and to the Minister of Health and Long-Term Care.

The Mississauga Halton LHIN Board

Name	Current Position	Appointed	End of Current Term
John Magill	Chair	June 8, 2005	June 8, 2011
Ronald Haines	Vice-Chair	June 17, 2010	June 17, 2013
Jackie Conant	Member	June 17, 2010	June 17, 2013
Graeme Goebelle	Member	January 5, 2011	January 5, 2014
Duncan J. MacIntyre	Member	June 9, 2010	June 9, 2013
Shelagh Maloney	Member	Feb. 9, 2011	Feb. 9, 2014
Jane McCarthy	Member	May 17, 2006	May 17, 2011
Renu Minhas	Member	May 24, 2010	June 8, 2011
Jason Wadden	Member	Feb. 5, 2010	Feb. 4, 2012

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Original signed by Board Chair Graeme Goebelle and Vice-Chair Ronald Haines

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Financial statements of

Mississauga Halton Local Health Integration Network

March 31, 2011

Mississauga Halton Local Health Integration Network

March 31, 2011

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Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2011, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Member of Deloitte Touche Tohmatsu

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration network as at March 31, 2011 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
June 2, 2011

Mississauga Halton Local Health Integration Network

Statement of financial position
as at March 31, 2011

	2011	2010
	$	$
Financial assets		
Cash	**1,591,470**	816,342
Accounts receivable	**75,545**	11,598
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**3,949,134**	14,083,200
Due from MOHLTC	**-**	35,000
Due from other Local Health Integration Network ("LHIN") - Project Funds	**-**	48,697
Due from the LHIN Shared Services Office	**-**	3,554
	5,616,149	14,998,391
Liabilities		
Accounts payable and accrued liabilities	**747,472**	689,192
Accounts payable HSPs transfer payments (Note 3)	**3,949,134**	14,083,200
Due to MOHLTC (Note 4b)	**931,842**	228,663
Due to the LHIN Shared Services Office (Note 5)	**1,784**	-
Deferred capital contributions (Note 6)	**67,176**	109,025
	5,697,408	15,110,080
Commitments (Note 7)		
Net debt	**(81,259)**	(111,689)
Non-financial assets		
Prepaid expenses	**14,083**	2,664
Capital assets (Note 8)	**67,176**	109,025
	81,259	111,689
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

Mississauga Halton Local Health Integration Network

Statement of financial activities

year ended March 31, 2011

	Budget (Unaudited) (Note 9)	2011 Actual	2010 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 3)	1,127,016,430	1,249,033,864	1,145,448,392
LHIN Operation	4,268,293	4,323,097	4,174,408
E-Health Project Management Office (PMO) (Note 12a)	-	600,000	600,000
Other E-Health Project Initiatives (Note 12b)	-	700,000	-
Emergency Department (ED) Lead (Note 12c)	-	75,000	75,000
ER/ALC Performance Lead (Note 12d)	-	100,000	100,000
French Language Health Services (Note 12e)	100,000	110,000	162,100
Critical Care Lead (Note 12f)	-	75,000	-
Aboriginal Engagement (Note 12g)	5,000	5,000	5,000
Diabetes	-	-	25,000
Amortization of deferred capital contributions (Note 6)	-	51,045	268,637
	1,131,389,723	1,255,073,006	1,150,858,537
Expenses			
Transfer payments to HSPs (Note 3)	1,127,016,430	1,249,033,864	1,145,448,392
General and administrative expense LHIN operation (Notes 10 and 11)	4,268,293	4,092,219	4,386,320
E-Health Project Management Office (PMO) (Note 12a &13)	-	478,423	597,076
Other E-Health Project Initiatives (Note 12b & 13)	-	215,434	-
Emergency Department (ED) Lead (Note 12c and 13)	-	69,435	60,505
ER/ALC Performance Lead (Note 12d)	-	98,072	100,000
French Language Health Services (Note 12e)	100,000	108,000	63,633
Critical Care Lead (Note 12f and 13)	5,000	42,000	-
Aboriginal Engagement (Note 12g)	-	3,717	2,227
Diabetes	-	-	25,000
	1,131,389,723	1,254,141,164	1,150,683,153
Annual surplus before funding repayable to the MOHLTC	-	931,842	175,384
Funding repayable to the MOHLTC (Note 4a)	-	(931,842)	(175,384)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Mississauga Halton Local Health Integration Network

Statement of changes in net debt

year ended March 31, 2011

	Budget (Unaudited) (Note 9)	2011 Actual	2010 Actual
	$	$	$
Annual surplus	-		-
Change in prepaid expenses	-	(11,419)	13,565
Acquisition of capital assets	-	(9,196)	(93,885)
Amortization of capital assets	-	51,045	268,637
Decrease in net debt	-	30,430	188,317
Opening net debt	-	(111,689)	(300,006)
Closing net debt	-	(81,259)	(111,689)

Mississauga Halton Local Health Integration Network

Statement of cash flows
year ended March 31, 2011

	2011	2010
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of capital assets	51,045	268,637
Less items not affecting cash		
Amortization of deferred capital contributions (Note 6)	(51,045)	(268,637)
	-	-
Changes in non-cash operating items		
Increase in accounts receivable	(63,947)	(5,459)
Decrease (increase) in Due from MOHLTC	35,000	(35,000)
Decrease (increase) in Due from other LHIN	48,697	(48,697)
Decrease (increase) in Due from the LHIN Shared Services Office	3,554	(3,554)
Decrease (increase) in accounts receivable MOHLTC transfer payments to HSPs	10,134,066	(2,520,800)
Increase (decrease) in accounts payable and accrued liabilities	58,280	(70,177)
(Decrease) increase in accounts payable HSPs transfer payments	(10,134,066)	2,520,800
Increase in due to MOHLTC	703,179	210,384
Increase (decrease) in due to the LHIN Shared Services Office	1,784	(7,494)
(Increase) decrease in prepaid expenses	(11,419)	13,565
	775,128	53,568
Capital transaction		
Acquisition of capital assets	9,196	(93,885)
Financing transaction		
Capital contributions received (Note 6)	(9,196)	93,885
Net increase in cash	775,128	53,568
Cash, beginning of year	816,342	762,774
Cash, end of year	1,591,470	816,342

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2011.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and impairment in the value of assets.

Cash

Cash includes balances with banks.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the Health Service Providers ("HSPs"). The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN statements do not include any MOHLTC managed programs.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet to be performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles for government as established by PSAB requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Transfer payments to HSPs

In fiscal 2011, the LHIN had authorization to allocate funding of $1,249,033,864 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2011 as follows:

	2011	2010
	$	$
Operation of hospitals	**862,703,401**	788,814,383
Health Infrastructure Renewal Fund (HIRF)	**1,630,268**	1,776,895
Long term care homes	**170,596,423**	163,183,965
Community care access centres	**126,131,374**	116,037,922
Community support services	**24,147,634**	21,206,070
Assisted living services in supportive housing	**27,394,185**	21,585,324
Community mental health	**26,489,024**	23,664,737
Addictions program	**4,325,800**	4,143,160
Acquired brain injury	**5,615,755**	5,035,936
	1,249,033,864	1,145,448,392

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2011, an amount of $3,949,134 (2010 - $14,083,200) was receivable from the MOHLTC and $3,949,134 (2010 - $14,083,200) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above.

Included in the LHIN's transfer payments to HSPs - operation of hospitals as revenue and expense are funding amounts to the Hospitals for the current period although the final performance of the service will occur in subsequent fiscal years due to the timing of the funding. Hospitals are required to obtain LHIN approval to defer revenue to subsequent fiscal years and the LHIN's management monitors these items closely to ensure ultimate performance is achieved. This is consistent to the Business Oriented New Development (B.O.N.D.) Policy which was established specifically for the hospital sector.

New investment decisions targeting various initiatives such as the Aging At Home strategy, reduction in emergency room wait times, etc. are included in the above transfer payments to HSPs.

4. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a. The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2011 Surplus	2010 Surplus
	$	$	$	$
Transfer payments to HSPs	1,249,033,864	1,249,033,864	-	-
LHIN operations	4,374,142	4,092,219	281,923	56,725
E-Health PMO	600,000	478,423	121,577	2,924
Other E-Health Project Initiatives	700,000	215,434	484,566	-
ED Lead	75,000	69,435	5,565	14,495
ER/ALC Performance Lead	100,000	98,072	1,928	-
French Language Health Services	110,000	108,000	2,000	98,467
Critical Care Lead	75,000	42,000	33,000	-
Aboriginal engagement	5,000	3,717	1,283	2,773
	1,255,073,006	1,254,141,164	931,842	175,384

The net unspent amount of other E-Health project initiatives of $484,566 (2010- nil) relates to the late funding announcement.

b. The amount due to the MOHLTC at March 31 is made up as follows:

	2011	2010
	$	$
Due to MOHLTC, beginning of year	228,663	18,279
Funding repayable to the MOHLTC related to current year activities (Note 4a)	931,842	175,384
Funding repayable to MOHLTC for Diabetes Education	-	35,000
Amount recovered by the MOHLTC during the year	(228,663)	-
Due to MOHLTC, end of year	931,842	228,663

5. Shared services agreement

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

In fiscal 2010, the Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

MH LHIN has also entered into various shared service agreements with respect to the E-health initiative as a shared responsibility to the Central West LHIN, Hospitals and the Mississauga Halton Community Care Access Centre.

6. Deferred capital contributions

	2011	2010
	$	$
Balance, beginning of year	**109,025**	283,777
Capital contributions received during the year	**9,196**	93,885
Amortization for the year	**(51,045)**	(268,637)
Balance, end of year	**67,176**	109,025

In fiscal 2011, the variation in amortization for the year is due to the leasehold improvements being fully amortized last fiscal year.

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2016. Other lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2012	194,998
2013	228,383
2014	263,320
2015	249,632
2016	187,224

The LHIN also has funding commitments to all HSPs associated with accountability agreements allocating planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Capital assets

	Cost	Accumulated amortization	2011 Net book value	2010 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**146,718**	**109,671**	**37,047**	55,774
Computer equipment	**36,675**	**29,266**	**7,409**	7,812
Web development	**68,160**	**45,440**	**22,720**	45,439
Leasehold improvements	**880,162**	**880,162**	**-**	-
	1,131,715	**1,064,539**	**67,176**	109,025

9. Budget figures

The initial funding budget figures reported in the Statement of Financial Activities reflect the opening base as at April 1, 2010 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,249,033,864 as at March 31, 2011 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2010	1,127,016,430
Adjustments due to announcements made during the year	122,017,434
Final HSP funding budget	1,249,033,864

The final operating budget excluding HSP funding of $5,997,293 as at March 31, 2011 is made up of the following:

	$
Initial budget as at April 1, 2010	
LHIN operations	4,268,293
French Language Services	100,000
Aboriginal engagement	5,000
Additional funding received during the year for:	
Base increase in LHIN operation	64,000
E-Health PMO	600,000
Other E-Health Project Initiatives	700,000
ED Lead	75,000
ER/ALC Performance Lead	100,000
French Language Services (base increase $6,000 and one-time $4,000)	10,000
Critical Care Lead	75,000
Final budget	5,997,293

10. General and administrative expenses LHIN operation

The Statement of Financial Activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2011	2010
	$	$
Salaries and benefits	2,952,972	2,822,350
Occupancy	218,591	213,782
Amortization	51,045	268,637
Shared services	404,926	359,059
LHIN Collaborative	50,000	12,286
Integrated Health Service Plan	-	96,655
Engagement with Stakeholders	33,556	136,378
Professional fees	15,950	20,793
Supplies	37,843	37,292
Board members' per diem expenses (see Note 10a)	128,300	167,300
Board development	24,602	15,619
Mail, courier and telecommunications	37,271	54,273
Staff travel	15,801	19,382
Recruitment	12,565	330
Other	108,797	162,184
	4,092,219	4,386,320

a) Included in general and administrative expenses are costs to support the activities of the Board of Directors such as per diems, travel and other general costs. The expenses incurred are as follows:

	2011	2010
	$	$
Board Chair per diem expense	56,875	58,450
Other Board member per diem expense	71,425	108,850
	128,300	167,300
Other governance costs (reflected in various objects above)	23,080	60,050
	151,380	227,350

In Fiscal 2011, other governance costs reflect a change in estimate regarding a payroll liability. The total other governance costs would have been $54,100 without this change in estimate.

11. Consulting fees for LHIN operations

Within the Integrated Health Service Plan, Engagement with Stakeholders, Recruitment, Professional fees and Other itemized in Note 10, approximately $3,432 (2010 - $185,839) were procured through consultants as defined by the Broader Public Sector Procurement Directive set by the Ministry of Finance. Consulting services are the provision of expertise or strategic advice that is presented for consideration and decision-making. The comparative figure has been reclassified to conform to this directive as adopted in the current year.

12. Other funding initiatives

a) E-Health Project Management Office (PMO)

The E-Health office of the Ministry of Health and Long-Term Care provided one-time funding of $600,000 (2010 - $600,000) to the LHIN. The funds were used to cover the operational and project costs associated with the LHIN Project Management Office infrastructure and E-Health Ontario activities. During the year, $478,423 (2010 - $597,076) of expenses were incurred.

12. Other funding initiatives (continued)

b) Other E-Health Project Initiatives

The E-Health office of the Ministry of Health and Long-Term Care provided one-time funding of $700,000 (2010 - nil) to the LHIN to support the following initiatives:

	$
Physician eReferral	300,000
Physician - Patient Electronic Communications	150,000
LHIN eHealth Governance Development Project	50,000
LHIN Information System/Information Technology Infrastructure (IS/IT) Blueprint and Shared IS/IT Services Model	200,000
Total other E-Health Project Initiatives	700,000

The purpose of the funds was to engage physicians in e-Health, support the new Physician Electronic Medical Record (EMR) adoption program within the LHIN, develop a common patient information record across Central West LHIN and the Mississauga Halton LHIN region. During the year, $215,434 (2010 - nil) of expenses were incurred relating to these projects.

c) Emergency Department (ED) Lead

The Ministry of Health and Long-Term Care provided $75,000 (2010 - $75,000) of one-time funding to support the compensation of the Emergency Department LHIN Lead and other miscellaneous consulting expenses to the LHIN. During the year, $69,435 (2010 - $60,505) of expenses were incurred.

d) ER/ALC Performance Lead

The Ministry of Health and Long-Term Care provided one-time funding of $100,000 (2010 - $100,000) relating to the LHIN ER/ALC Performance Lead initiative. The one-time funding to assist the LHIN in achieving its ER/ALC outcomes and advance the implementation of a standard performance management approach for the ER/ALC strategy such that the LHIN and MOHLTC m can monitor progress regularly. During the year, $98,072 (2010 - $100,000) of expenses were incurred.

e) French Language Health Services

The Ministry of Health and Long-Term Care provided a base funding of $106,000 in fiscal 2011 to support the francophone community needs within the LHIN and received $4,000 in one-time funding for start up costs during this year for this initiative for a total of $110,000 (2010 - $162,100). During the year, 108,000 (2010 - $63,633) of expenses were incurred.

f) Critical Care Lead

The Ministry of Health and Long-Term Care provided one-time funding of $75,000 (2010 - nil) to support the compensation of the Critical Care Lead and other miscellaneous consulting expenses. The funding will advance the implementation of a comprehensive Critical Care Strategy, which is designed to improve access, quality and system integration. During the year, $42,000 (2010 - nil) of expenses were incurred.

g) Aboriginal Engagement

The Ministry of Health and Long-Term Care provided base operational funding of $5,000 (2010 - $5,000) to the LHIN for the purposes of engaging the Aboriginal population and organizations in the Mississauga Halton LHIN. During the year, $3,717 (2010 - $2,227) of expenses were incurred.

13. Consulting fees - other funding initiatives

The amount of consulting expenses in other funding initiatives that were procured through consultants as defined by the Broader Public Sector Procurement Directive set by the Ministry of Finance were the following:

	2011	2010
	$	$
E-Health (PMO) and other E-Health initiatives	**111,834**	83,000
ED Lead	**69,435**	60,505
Critical Care	**42,000**	-
	223,269	143,505

14. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 28 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2011 was $294,425 (2010 - $263,783) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan on December 31, 2010. At that time, the plan was fully funded. The prior year's comparative amounts have been reclassified to conform to the presentation adapted by the current year.

15. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.